

HOWISON & ARNOTT, L.L.P.
A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW
PATENT AND TRADEMARK MATTERS

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DATE: June 22, 2005
TO: Examiner: Marc D. Thompson 2144
COMPANY: USPTO
FAX NUMBER: Centralized Number (703) 872-9306
FROM: Howison & Arnott, L.L.P. (Gregory Howison)
OUR FILE : PHL-24,670
SERIAL NO.: 09/378,222
ATTACHED: Transmittal (1); Fee Transmittal (1); Extension (1); Notice of Appeal; (1); Credit Card Form (1).

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PTO/SB/21 (03-03)

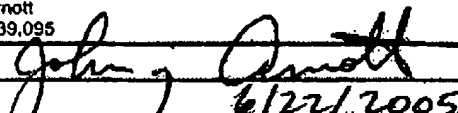
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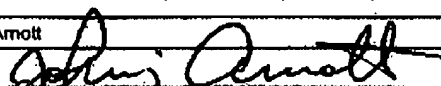
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/378.222
	Filing Date	August 19, 1999
	First Named Inventor	Philyaw
	Art Unit	2144
	Examiner Name	Thompson, Marc D.
	Attorney Docket Number	PHLY-24,670
Total Number of Pages in This Submission	5	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Howison & Arnott, L.L.P. John J. Arnott Reg. No. 39,095
Signature	
Date	6/22/2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Comm. for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed	John J. Arnott
Signature	
Date	6/22/2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/378,222
TOTAL AMOUNT OF PAYMENT (\$) 310.00		Filing Date	08/19/1999
		First Named Inventor	Philyaw et al.
		Examiner Name	Marc D. Thompson
		Art Unit	2144
		Attorney Docket No.	PHLY-24,670

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 20/0780-PHLY-24,670 Deposit Account Name: HOWISON & ARNOTT, L.L.P.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP = _____ x _____ = _____				Fee (\$)			Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Notice of Appeal (\$250.00) One-Month Extension (\$60.00)						310.00	

SUBMITTED BY		
Signature		Registration No. 39,095 (Attorney/Agent)
Name (Print/Type) John J. Arnot	Telephone 972-680-8059	
		Date 6/22/2005

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